

## SCHOOL DISCIPLINE DATA REPORTING LOG

### SCHOOL YEAR 2005-2006

School: \_\_\_\_\_ Sch Code: \_\_\_\_\_

District: \_\_\_\_\_ Legal Entity: \_\_\_\_\_

| Incidents      |               | Incident/Victim  |                |                   | Perpetrators           |                  |             |                     |                     |                               |             |                                  |                           |                           |
|----------------|---------------|------------------|----------------|-------------------|------------------------|------------------|-------------|---------------------|---------------------|-------------------------------|-------------|----------------------------------|---------------------------|---------------------------|
| 1              | 2             | 3                | 4              | 5                 | 6                      | 7                | 8           | 9                   | 10                  | 11                            | 12          | 13                               | 14                        | 15                        |
| Incident Month | Location Code | Incident Code(s) | Victim Code(s) | Number of Victims | Perpetrator Identifier | Perpetrator Code | Gender Code | Race/Ethnicity Code | Program Status Code | Special Ed Disability Code(s) | Action Code | Length of Removal in School Days | Firearm Incident          |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  | Full-Year Expulsion (Y/N) | Shortened Expulsion (Y/N) |
| 1              |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
| 2              |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
| 3              |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
| 4              |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
| 5              |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |
|                |               |                  |                |                   |                        |                  |             |                     |                     |                               |             |                                  |                           |                           |

**No Incidents to Report**

☐

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**DUE DATE: June 30, 2006**

**Return to:** Pat Reichert or Marion Erp, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501

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